Eligibility and Benefits by Federal Poverty Level (FPL)

Using the Eligibility and Benefits Chart to Screen for Potential Eligibility

- a. Find the family size on the left hand side of the chart.
- b. Follow this line (cells) across the chart to check maximum income for each program/service.
- c. See footnotes 1-4 and follow instructions.

F A S M I I Z L E Y	MEDICAID ¹										CIHCP ¹		PHC ¹	WIC ¹ & Title V M&CH ¹ &4	CHIP CSHCN
	Medically Needy ⁵		Children under 1 185% FPL		Children- 1 thru 5 133%FPL		Children- 6 thru 18 100%FPL		Pregnant Females 185%FPL		21% FPL Minimum Income Standard		150%FPL	185% FPL	200% FPL
	No Job	w/ Job²	No Job	w/ Job²	No Job	w/ Job²	No Job	w/ Job²	No Job	w/ Job²	No Job	w/ Job ³	PHC is not available statewide		
1	\$104	\$224	\$1,511	\$1,631	\$1,087	\$1,207	\$817	\$937	\$1,511	\$1,631	\$172	\$378	\$1,225	\$1,511	\$1,634
2	216	336	2,035	2,155	1,463	1,583	1,100	1,220	2,035	2,155	231	467	1,650	2,035	2,200
3	275	395	2,560	2,680	1,804	1,960	1,384	1,504	2,560	2,680	291	556	2,075	2,560	2,767
4	308	428	3,084	3,204	2,217	2,337	1,667	1,787	3,084	3,204	350	645	2,500	3,084	3,334
5	357	477	3,608	3,728	2,594	2,714	1,950	2,070	3,608	3,728	410	735	2,925	3,608	3,900
6	392	512	4,132	4,252	2,971	3,091	2,234	2,354	4,132	4,252	469	824	3,350	4,132	4,467
7	440	560	4,656	4,776	3,348	3,468	2,517	2,637	4,656	4,776	529	914	3,775	4,656	5,034
8	475	595	5,180	5,300	3,724	3,844	2,800	2,920	5,180	5,300	588	1002	4,200	5,180	5,600
For each additional member, add	57		525		377		284		525		60		425	525	567

¹Program counts the unborn child(ren) in the family size if the pregnant woman receives or is potentially eligible to receive benefits under the program.

Information About the Chart and Services/Programs Listed

Medicaid or CHIP: An applicant or family member is potentially Medicaid or CHIP eligible and should be referred to the local Medicaid agency or 2-1-1 for a formal Medicaid eligibility determination if any of the following is true.

- a. The applicant is a pregnant woman who is a citizen or eligible alien with family income at or below 185% of FPL.
- b. The applicant is a child under age 1 who is a citizen or eligible alien with family income at or below 185% of FPL.
- c. The applicant is a child age 1 through 5 who is a citizen or eligible alien with family income at or below 133% of FPL.
- d. The applicant is a child age 6 through 18 who is a citizen or eligible alien with family income at or below 100% of FPL.

<u>Title V</u>: An applicant is potentially eligible for Title V (Genetic Services) if he/she is not eligible or potentially eligible for Medicaid and/or CHIP and is:

- a. A child age 0 thru 21, a female age 22 thru 45, or a male age 22 or over who is being evaluated as part of a genetic evaluation for a mother or child with family income at or below 185% of FPL; and
- b. A Texas resident (not necessarily a citizen); and
- c. Otherwise uninsured for the service provided.

<u>Primary Health Care</u>: An applicant is potentially eligible for PHC if he/she is not eligible or potentially eligible for services under Medicaid, Medicare, CHIP or another funding source and is:

- a. A person with family income at or below 150% FPL;
 - A Texas resident (not necessarily a citizen); and Otherwise uninsured for the service provided.

Revised

²Amounts based on one person working and no dependent care deductions. If two people are working, add an additional \$120. If childcare is paid, add the amount paid up to \$200 for each child under age 2 and \$175 for each dependent age 2 or older.

³Amounts based on one person working and no dependent care deductions. If two people are working, add an additional \$120. If childcare is paid, add the amount paid up to \$200 per dependent.

⁴Amounts based on no dependent care deductions. If childcare is paid, add the amount paid up to \$200 for each child under age 2 and \$175 for each child age 2 or older.